

DISTRIBUTION

County Board
County Administrator
Financial & Admin. Services
County Controller
Court Administrator

STATE OF ILLINOIS)
COUNTY OF LAKE) SS

COUNTY BOARD, LAKE COUNTY, ILLINOIS

ADJOURNED REGULAR JUNE, A.D., 2008 SESSION

AUGUST 12, A.D., 2008

MADAM CHAIRMAN AND MEMBERS OF THE COUNTY BOARD:

Your Law and Judicial and Financial and Administrative Committees present herewith a Joint Resolution authorizing the execution of Program Agreement No. 405207 with the Illinois Criminal Justice Information Authority and an emergency appropriation of \$26,667 for the 19th Judicial Circuit "Community-Based Transitional Services for Female Offenders Program" for the time period October 1, 2008, through September 30, 2009; and request its adoption.

Respectfully submitted,

Aye Nay

Aye Nay

Andrew Nixen ✓
Chairman

[Signature] X
Chairman

Vice-Chairman

Vice-Chairman

Judy Martini ✓

[Signature] ✓

[Signature] ✓

Carol Calabrese ✓

[Signature] ✓

Alanna O'Kelly ✓

Carol Calabrese ✓

Law & Judicial
Committee

[Signature]
Financial & Administrative
Committee

RESOLUTION

WHEREAS, the Administrative Office of the 19th Judicial Circuit's program agreement with the Illinois Criminal Justice Information Authority for the "Community-Based Transitional Services for Female Offenders" program expires September 30, 2008; and

WHEREAS, the Illinois Criminal Justice Information Authority has prepared a new agreement to continue this program for the time period October 1, 2008, through September 30, 2009 with \$20,000 in Justice Assistance Grant (JAG) funds and \$6,667 in matching funds; and

WHEREAS, matching funds are available in the Probation Services Fee Fund 250; and

WHEREAS, the County Board must authorize the execution of a new program agreement and an emergency appropriation of \$26,667 to reflect the new budget.

NOW, THEREFORE, BE IT RESOLVED, by this County Board of Lake County, Illinois, that Program Agreement No. 405207 with the Illinois Criminal Justice Information Authority and an emergency appropriation of \$26,667 for the 19th Judicial Circuit "Community-Based Transitional Services for Female Offenders Program" for the time period October 1, 2008, through September 30, 2009 is hereby approved; and

BE IT FURTHER RESOLVED, that the Chairman of the Board, the Administrative Office of the 19th Judicial Circuit, and the Lake County Treasurer are hereby authorized to execute the necessary documentation in order to accept the program agreement attached hereto and hereby made a part of this Resolution; and

BE IT FURTHER RESOLVED, that an emergency appropriation with offsetting revenue is hereby authorized in the amount of \$26,667 per the attached chart of accounts; and

BE IT FURTHER RESOLVED, that an interfund transfer from account 250-3210010-79920 to account 101-3200040-49920 in the amount of \$6,667 is also authorized.

DATED, at Waukegan, Lake County, Illinois, on this 12th day of August, A.D., 2008.

Community-Based Transitional Services for Female Offenders Grant Program
Chart of Accounts

Expense

101-3200040-72940	\$267
101-3200040-79940	\$26,400

Revenue

101-3200040-45340	\$20,000	grant funds
101-3200040-49920	\$6,667	interfund transfer

EQUAL EMPLOYMENT OPPORTUNITY PLAN (EEOP) CERTIFICATION
(Complete **SECTION A** OR **SECTION B** below, as applicable. Complete **ONLY ONE SECTION**.)

Grant Program (circle applicable federal grant program):

ADAA/BYRNE, JAIBG, LLEBG, NCHIP, VAWA, RSAT, VOCA, VOITIS, Other (Specify) JAG

Grant Number: #405207

Federal Grant Award Amount: \$ 20,000.00

Grantee/Organization Name (hereafter referred to as the "Entity"):

County of Lake

Address: 18 North County Street
Waukegan, Illinois 60085

Contact Person: Marci Jumiško

Telephone #: 847.377.3809

Fax #: 847.249.8442

E-mail address: mjumisko@co.lake.il.us

SECTION A. CERTIFICATION (EEOP NOT REQUIRED)

I _____ [responsible official] CERTIFY THAT THE FUNDED ENTITY IS NOT REQUIRED TO PREPARE AN EEOP FOR THE REASON(S) CHECKED BELOW, PURSUANT TO 28 CFR 42.302.

Check all of the following that apply:

- ☐ ENTITY HAS LESS THAN 50 EMPLOYEES
☐ ENTITY IS A NON-PROFIT ORGANIZATION
☐ ENTITY IS AN INDIAN TRIBE

- ☐ ENTITY DOES NOT RECEIVE A GRANT OR AWARD OF AT LEAST \$25,000
☐ ENTITY IS A MEDICAL INSTITUTION
☐ ENTITY IS AN EDUCATIONAL INSTITUTION

[Signature of Responsible Official]

[Print Name and Title]

[Date]

OR

SECTION B. CERTIFICATION (EEOP REQUIRED AND ON FILE)

(For information regarding EEOP development, see: <http://www.ojp.usdoj.gov/ocr/eeop.htm>)

Certification Statement (For Entities with 50 or more employees that receive a single grant or award of \$25,000 or more):

I, Suzi Schmidt _____ [responsible official], certify that the

Entity has formulated an Equal Employment Opportunity Plan in accordance with 28 CFR 42.301, et seq., subpart E, that was signed into effect within the past two years by the proper authority and that it is available for review. The EEOP is on file in the office of

Human Resources of Lake County _____

[agency/organization name], at 18 N. County St.

Waukegan, IL 60085 _____

[address]

for review by the public and employees, or for review or audit by officials of the Illinois Criminal Justice Information Authority or the U.S. Department of Justice, Office of Justice Programs, Office of Civil Rights as required by relevant laws and regulations.

In addition to the above requirements, if Entity receives \$500,000 or more through a single grant, or \$1,000,000 or more in aggregate grant funds in an 18-month period, Entity shall submit a copy of its Equal Employment Opportunity Plan to the Authority. The Authority shall forward the Equal Employment Opportunity Plan to the Office of Civil Rights for review and approval.

Suzi Schmidt, County Board Chairman

[Signature of Responsible Official]

[Print Name and Title]

[Date]

CIVIL RIGHTS COMPLIANCE CERTIFICATION
(Complete **ENTIRE** certification)

Grant Program (circle applicable grant program):

ADAA/BYRNE, JAIBG, LLEBG, NCHIP, RSAT, VAWA, VOCA, VOITIS, Other (Specify) **JAG**

Grantee/Organization Name (hereafter referred to as the "Entity"): County of Lake

Address: 18 N. County Street, Waukegan, Illinois 60085

Contact Person: Marci Jumisko

Telephone #: 847.377.3809 Fax #: 847.249.8442 E-mail address: mjumisko@co.lake.il.us

Grant Number/Contract Name: 405207 Community Based Transitional Services for Female Offenders

Certification Statement:

I, Suzi Schmitt [Responsible Official], certify to the following statements:

- Entity is in compliance with all applicable local, state and federal civil rights laws, regulations and guidelines, including but not limited to those listed in the Interagency Agreement(s)/Contract(s) in effect for the grant(s) and contract(s) listed above.
- No person shall be excluded from participation in, denied the benefits of, subjected to discrimination under, or denied employment in connection with any activity funded under this grant(s)/contract(s) on the basis of race, color, age, religion, national origin, disability, or sex.
- Entity is in compliance with the following federal guidance materials regarding the provision of meaningful access to services and programs to persons with limited English proficiency (LEP): Guidance to Federal Financial Assistance Recipients Regarding Title VI Prohibition Against National Origin Discrimination Affecting Limited English Proficient Persons (Federal Register, June 18, 2002, Volume 67, Number 117, Page 41455-41472).

(Additional information regarding LEP requirements may be found at: <http://www.ojp.usdoj.gov/ocr/lep.htm>)

In addition, I certify that in the event that a federal or State court or administrative agency makes a finding of discrimination after a due process hearing on the grounds of race, color, age, religion, national origin, disability, or sex against the Entity, or any subgrantee or contractor of the Entity, the Entity will forward a copy of the finding to the Authority. The Authority will forward a copy of the finding to the Office for Civil Rights, Office of Justice Programs.

Check the following item(s) that apply:

☐ THE ENTITY, ITS SUBGRANTEES AND CONTRACTORS HAVE HAD **NO FINDINGS** OF DISCRIMINATION WITHIN THE PAST 5 YEARS

☒ THE ENTITY, ITS SUBGRANTEES OR CONTRACTORS HAVE HAD **FINDINGS** OF DISCRIMINATION WITHIN THE PAST 5 YEARS (You **MUST** attach a copy of all finding(s) made within the past 5 years that have not yet been submitted to the Authority)

- ☒ All current findings have already been submitted to the Authority; no additional findings have been made and no additional findings are attached

County Board Chairman

[Signature of Responsible Official]

[Title]

[Date]



U.S. DEPARTMENT OF JUSTICE
OFFICE OF JUSTICE PROGRAMS
OFFICE OF THE COMPTROLLER

**Certification Regarding
Debarment, Suspension, Ineligibility and Voluntary Exclusion
Lower Tier Covered Transactions
(Sub-Recipient)**

This certification is required by the regulations implementing Executive Order 12549, Debarment and Suspension, 28 CFR Part 67, Section 67.510, Participants' responsibilities. The regulations were published as Part VII of the May 26, 1988 *Federal Register* (pages 19160-19211).

(BEFORE COMPLETING CERTIFICATION, READ INSTRUCTIONS ON REVERSE)

- (1) The prospective lower tier participant certifies, by submission of this proposal, that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department of agency.
- (2) Where the prospective lower tier participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

Suzi Schmitt, County Board Chairman
Name and Title of Authorized Representative

Signature

Date

County of Lake
Name of Organization

18 N. County St., Waukegan, IL 60085
Address of Organization

ILLINOIS CRIMINAL JUSTICE INFORMATION AUTHORITY

Federal and State Grants Unit

Initial Cash Request

On behalf of County of Lake

* I am requesting an initial cash request of \$ 1,000.00 as permitted in Interagency Agreement # 405207.

Signature of Authorized Official

Date

County Board Chairman

Community Based Title

Transitional Services for

Female Offenders Program Name

36-6006600

Implementing Agency Fein Number

*Instructions for completion on reverse side

For Authority use only

Requested

Disbursal _____

FED/GR

Approved

by: _____

Date _____

Date _____

Effective 05/03